

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW	A-S 1/18 1/18	943 861 27	8-15-1 1-18-22 3-12-22

## INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)... Canceled  
 ÷ ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
Final	5/15/62
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Best Available Copy

If more than 150 claims or 10 actions  
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523  
63/136-2  
S-20  
68/16/62